

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41367

State File No. ....

FILED JAN 2 1951

BIRTH NO. ....		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 3036		Registrar's No. 1116	
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence			
b. CITY OR TOWN Depora		c. LENGTH OF STAY (In this place) 1 night		c. CITY (If outside corporate limits, write RURAL and give township) 0550 TOWN Mt Vernon Rural			
d. FULL NAME OF HOSPITAL OR INSTITUTION Depora Hospital				d. STREET ADDRESS (If rural, give location) X			
3. NAME OF DECEASED (Type or Print) John Thomas Gardner		b. (Middle)		c. (Last)		4. DATE OF DEATH Dec 19 1950 (Month) (Day) (Year)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 29-1864 86 (Month) (Day) (Year)	
9. AGE (In years last birthday) 7 10		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Depora Co Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Ashberry Gardner		13b. MOTHER'S MAIDEN NAME Amanda LeBar		14. NAME OF HUSBAND OR WIFE Victoria Lawrence	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs Harry Cough Mt Vernon Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) John pneumonia  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Dec 18, 1950, to Dec 19, 1950 that I last saw the deceased alive on Dec 18, 1950, and that death occurred at 7 AM., from the causes and on the date stated above.							
23a. SIGNATURE R A Holmes M.D.				23b. ADDRESS Mt Vernon Mo		23c. DATE SIGNED 12-20-1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 22-50		24c. NAME OF CEMETERY OR CREMATORY Root		24d. LOCATION (City, town, or county) (State) Near Mt Vernon Mo	
DATE REC'D BY LOCAL REG. Dec 22: 50		REGISTRAR'S SIGNATURE Ora Mc Natt 157		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS George B Orr Mt Vernon Mo			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED DEC 27 1950

Dist. File 1250-2526

Date Filed 12-27-50

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No.

P. O. Address

946

Ma. Vernon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.